Date Filed: 01/27/2012

Business ID: 179684 William M. Gardner

Secretary of State

## State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

REPORT DUE BY April 1, 2012

KEVIN M. FITZGERALD, P.C. ADDRESS OF PRINCIPAL OFFICE: c/o Nixon Peabody LLP, 900 Elm Street c/o Nixon Peabody LLP, 900 Elm Street Manchester, NH 03101-2031 Manchester, NH 03101-2031 ENTITY TYPE: PROFESSIONAL CORPORATION REGISTERED AGENT AND OFFICE: **BUSINESS ID:** 179684 STATE OF DOMICILE: NEW HAMPSHIRE Fitzgerald, Kevin M, Esq. Nixon Peabody LLP 900 Elm Street LEGAL SERVICES AND GENERAL PRACTICE OF LAW Manchester, NH 03101 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. The new mailing address The new principal office address PO Box is acceptable. **OFFICERS** BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). (MUST LIST AT LEAST ONE OFFICER BELOW) (MUST LIST AT LEAST ONE DIRECTOR BELOW) R Kevin M. Fitzgerald NAME Kevin M. Fitzgerald NAME c/o Nixon Peabody LLP STREET c/o Nixon Peabody LLP, 900 Elm St. STREET 900 Elm Street Manchester; NH 03101-2031 — Kevin M. Fitzgerald CITY/STATE/ZIP CITY/STATE/ZIP Manchester, NH 03101-203 NAME NAME C/o Nixon Peabody LLP 900 Elm Street Manchester, NH 03101-2031 STREET STREET CITY/STATE/ZIPManchester, CITY/STATE/ZIP NAME NAME STREET 900 Elm Street .... STREET CITY/STATE/ZIP Mancheste, r NH 03101-2031 CITY/STATE/ZIP NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned, do hereby certify/that the statements on this report are true to the best of my information, knowledge and belief. All the shareholders, and as many of the directors and officers as may be required under RSA 294-A:20, are qualified persons with respect to the Sign here: Please print name and title of signer: NAME TITLE FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL):

PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529